

**MINUTES  
of the  
THIRD MEETING  
of the  
LEGISLATIVE HEALTH AND HUMAN SERVICES COMMITTEE**

**August 24-26, 2005  
UNM Continuing Education Building  
Albuquerque**

Representative Danice Picraux, chair, called the meeting to order on August 24, 2005 at 10:25 a.m. in Room G of the University of New Mexico Continuing Education Building in Albuquerque. She welcomed everyone and asked the committee members to introduce themselves to the audience.

**Present**

Rep. Danice Picraux, Chair  
Sen. Dede Feldman, Vice Chair  
Sen. Rod Adair (8/25, 26)  
Rep. William "Ed" Boykin (8/24, 25)  
Rep. Keith J. Gardner (8/25, 26)  
Sen. Steve Komadina (8/24, 25)  
Sen. Mary Kay Papen (8/24, 25)  
Rep. Jim R. Trujillo

**Absent**

**Advisory members**

Rep. Gail C. Beam (8/25, 26)  
Sen. Sue Wilson Beffort  
Rep. Ray Begaye  
Rep. Kandy Cordova (8/25, 26)  
Rep. Miguel P. Garcia  
Rep. John A. Heaton (8/24, 25)  
Sen. Timothy Z. Jennings (8/24, 25)  
Sen. Gay G. Kernan  
Sen. Linda M. Lopez  
Rep. Antonio Lujan (8/25, 26)  
Rep. James Roger Madalena (8/24, 25)  
Rep. Rick Miera (8/24)  
Sen. Gerald Ortiz y Pino (8/24)  
Rep. Edward C. Sandoval  
Sen. Leonard Tsosie

Sen. Clinton D. Harden, Jr.  
Rep. Terry T. Marquardt  
Rep. Gloria C. Vaughn

(Attendance dates are noted for those members not present for the entire meeting.)

**Staff**

Karen Wells  
Ramona Schmidt  
Jeremy LaFaver

**Guests**

The guest list is in the meeting file.

**Wednesday, August 24**

Representative Picraux remembered Phil Lynch, staff member of the Legislative Council Service who died on July 30, 2005. She spoke of his optimism, his balance and the sense of peace that he brought to the legislature and of his service to the Legislative Health and Human Services Committee. Senator Feldman noted there are many stories of the kindness that Phil showed to everyone and said that he had been a concierge for the committee. Karen Wells stated his spirit will continue to inspire us.

Louis Caldera, president of the University of New Mexico (UNM), stated he is delighted that UNM has the ability to host the committee and recognized Regent Mel Eaves and other leaders who were in attendance at the meeting. He expressed his deep appreciation for all that is done by the legislature that allows UNM to provide services for the delivery of health care to the people of New Mexico. He addressed the research and operational aspects involved in the solution of giving health care to needy populations. A handout that describes the projects being funded under the Series 2005 UNM Bond Issue, the majority of which will benefit students, was distributed and reviewed.

Regent Mel Eaves, chair of the University of New Mexico Health Summit (UNMHS) Finance Subcommittee, stated the need for a summit was brought about largely because of the university's statewide mission and the need for funding to perform that mission. UNM began as an academic medical center and was built originally on county land, which requires providing care to indigent persons, including persons that are not Bernalillo County residents. He stated that although Mr. McKernan has been able to use the resources available to keep the hospital on a break-even status, with growing demands there is a need for increasing and maintaining facilities, providers and staff to provide the services required. A letter from Governor Richardson and the response letter from Jamie Koch, president of the Board of Regents, and a list of the individuals included in the UNMHS Agenda Committee were distributed to committee members. The committee was assured that individuals throughout the state would be involved in the committee and that the summit would be open to the public. Committee members raised concerns involving quality issues facing health care institutions, the cost of implementation and the inability to clearly define "uncompensated care".

Steve McKernan, chief executive officer, University of New Mexico Hospital (UNMH), spoke to the committee about the history of UNM, the construction and progress on the Barbara and Bill Richardson Pavilion and the state coverage initiative. Mr. McKernan addressed

concerns involving providing good access and quality of care; the impact of nursing staff, including nurse turnover rate compared with total turnover rate for other employees; patient statistics for FY 2001-2005; the consolidated historical financial statements for FY 2001-2005, including net patient revenue, other revenue, salaries and benefits, intergovernmental transfer, supplies, capital and other total expenses; the consolidated statement of net assets for FY 2001-2005; and the uncompensated care summary for FY 2001-2005. He noted the uncompensated care reflects bad debt and charity care in a cost-to-charge ratio. Uncompensated care has increased two percent, which brings an additional \$8 million in debt.

A handout on uncompensated care was distributed and a request was made for a county-by-county breakdown of uncompensated care, with a further breakdown of clinic versus hospital uncompensated care costs. Mr. McKernan clarified that uncompensated care costs are not run based on ethnic groups. Discussion occurred as to the actual costs of uncompensated care and on the services that can be provided with the funds raised by the mill levy.

Mr. McKernan clarified that the lawsuit filed against UNMH involving translational services was related to Spanish-speaking, not Native American, interpreters. Senator Tsosie asked for information about any lawsuits related to the interpreter issue and requested copies of the agreements between UNMH and the Indian Health Service (IHS). Senator Feldman asked for a broader explanation and information on uncompensated care.

Dr. Roth, interim executive vice president for health sciences, reviewed his history at UNM. Dr. Roth noted that over 500 students were welcomed into the health sciences programs this semester. He stated that UNM is focusing on integration, which will allow for economy and which should result in ultimately seeing more patients. A program known as advanced access is being introduced in an effort to reduce patient access time. The number of students admitted to medical school each year for a number of years has been 75 and it will expand to 100 with the introduction of the new combined program. It was noted the nursing shortage has been lessened but there is concern with nurse "burnout". Robin Meize-Grochowski, acting associate dean for academic affairs, stated the university is focusing on more support to increase nursing retention.

Dr. Valerie Romero-Leggott addressed the combined degree program which is in place in part to address the health care disparity needs within New Mexico. The program is an eight-year program and will result in a bachelor's degree and final culmination in a medical degree. The goals of the BA/MD program are to help address the critical physician shortage in New Mexico; to provide a greater diversity to the overall UNM student body and to the future New Mexico health care workforce; and to keep promising high school students in New Mexico for college. Dr. Romero-Leggott reviewed the requirements for admission and what the undergraduate experience will entail.

The question was raised as to how much of the funding goes for salaries and how much goes for scholarships. Dr. Roth said he would gather the breakdown and get the information to committee members. The committee members noted they need much more detail on what amounts of funding are going into student costs, staff costs, scholarships and other areas.

Discussion occurred as to structuring the program to recruit students from different areas of the state and ultimately return those same students to the area of the state from which they were recruited. Dean Roth noted UNM has been nationally recognized because of the primary care and community-based medical providers it graduates.

John Pieper, dean, College of Pharmacy, gave an overview of the UNM/NMSU cooperative pharmacy program and the program rationale. The goals of the program were reviewed and include enhancing accessibility of pharmacy education for the residents of southern New Mexico; reducing the shortage of pharmacists in southern New Mexico; serving the pharmaceutical needs of the underserved in the southern New Mexico region; and increasing the diversity of the pharmacy profession in southern New Mexico.

Dr. Ross Zumwalt, chief medical investigator, noted his position is a statutory duty in New Mexico. He reviewed the numerous health care issues involved in public health through the Office of the Medical Investigator. Dr. Zumwalt reviewed an example of a day's docket in his office, which reflects a variety of health care needs, including nine autopsies and what each autopsy revealed. He stated the caseload increases each year, which increases the staff, equipment and space requirements of the office. Dr. Zumwalt noted his office has a close association with the donor program. He stated the annual report is available on its web site.

Jess Benson, director of the New Mexico Poison and Drug Information Center, presented information on the center. He noted that there is a 24-hour emergency telephone service; that the center is staffed by specially trained pharmacists; and that the center is accessible via a nationwide 800-number. He reviewed the mission of the center, which is to improve the health of New Mexicans by reducing morbidity and mortality. A handout was distributed reviewing the goals of the poison information service and the drug information service. He spoke to the new initiatives required from the center; the program performance trends; a budget and expense overview; and options for addressing over-expenditures in the budget. It was noted that drug overdoses are not decreasing, but rather they are increasing.

Dr. Sanjeev Arora presented on the hepatitis C rural telehealth program. He reviewed the mission of Project Echo. He reviewed the impact of hepatitis C in New Mexico and said the good news is that it is curable in 45 to 81 percent of cases but that severe side effects include anemia, neutropenia and depression. There are five entities within New Mexico involved in Project Echo. The methods used to treat the disease include technology to leverage scarce health care resources; a disease management model focusing on best practices; case-based learning; and a centralized database used to monitor outcomes. Key barriers to treatment include rural physician time, inadequate nursing resources and connectivity for rural clinics.

David Roddy, executive director for the New Mexico Primary Care Association, shared some of the concerns faced by rural clinics in piloting the program. He noted the partnerships needed to expand the program into some of the other areas in treating patients. The role of a knowledge network includes patient-specific knowledge on demand and access to case-specific information like access to electricity. The Project Echo clinic sites throughout the state were

reviewed by Dr. Arora.

Mark Duran, chair of the Telehealth Policy Commission, stated the first meeting of the commission was held last month and the application required to deliver programs is large. Dr. Richard Lueker stated cardiovascular disease is the major health problem facing America and telehealth can serve an important role in addressing it. Dr. Dale Alverson, commissioner for the Telehealth Policy Commission, addressed the committee and recognized Representative Picraux as an early leader in acquiring funding for telehealth at the university. He noted the support of the legislature on a variety of bills this past session. He said while there have been opportunities, some gaps still remain. He noted the need to review how to provide affordable, secure telehealth throughout the state and to look at ways to assist communities in incorporating telehealth. By creating a network of networks, infrastructure and clinical structures can be shared. He noted there are 16 actively involved programs in telehealth throughout New Mexico, including homeland security and home health care.

Discussion occurred as to access to telehealth in some of the more rural areas of the state where they lack the required equipment. Mr. Duran stated that although there may be some digital access, there is still an additional connection needed in some areas and suggested the state look at investing in the provision of this access to allow broader access throughout the state. Dr. Alverson stated there is need for caution as to how the state funds telehealth and what New Mexico needs for telehealth, including education. Telehealth will become increasingly user-centered and the state will need to address this technology. It was noted that the issue of quality is critical in the growth of telehealth. Discussion occurred involving the use of electronic medical records in telehealth. Dr. Arora said that in Project Echo, the electronic medical record is essential. Dr. Alverson stated it is extremely important to integrate electronic medical records into health care service.

Public comment was taken by Joie Glenn. She reminded the committee that home health care is very much involved with tele-monitoring and the focus this year will be on hospital reduction.

The meeting recessed for the day at 5:50 p.m.

#### **Thursday, August 25**

The chair called the meeting to order at 9:20 a.m. A motion was made to accept the June minutes, and it was seconded and approved. A motion was made to accept the July minutes, and it was seconded and approved.

Mari Spaulding-Bynon, program director, State Coverage Initiative (SCI), spoke to the HRSA grant findings. She noted that the grant is over on August 31, 2005. She gave an overview on the national perspective on United States employers and the provision of health insurance to employees; the HRSA projects; the findings of the HRSA grant; the Native American and Hispanic focus; national solutions; and the state-specific solutions. Ms.

Spaulding-Bynon noted that in the household survey on ethnicity, the Native American group is looked on as uninsured although they are covered under IHS. The HRSA grant findings include a nonprofit survey concerning health insurance issues; barriers to coverage; and what agencies pay for coverage. She noted comprehensive insurance is strongly preferred over catastrophic coverage. The final survey completed was the state employees survey, which looked at why employees choose not to take up employer-sponsored health benefits. Ms. Spaulding-Bynon stated that her agency is conducting eight Native American focus groups to better understand the needs and experiences of Native Americans as they pertain to health insurance and access to health care. The HRSA grant found Hispanics are the second largest uninsured group. Statewide outreach is currently being conducted to enroll this population into available programs.

Carolyn Ingram gave a presentation for the Insure New Mexico! Council. A handout was distributed and reviewed and included the development of the council and its goals and council recommendations. The council made recommendations to decrease the uninsured, including decreasing the rate of uninsurance and of increasing the number of small employers who offer insurance. Ms. Ingram noted the council is also looking at tax incentives for small employers, including a tax credit for businesses that provide health insurance for part-time employees working at least 20 hours a week; a graduated tax credit for small businesses; and a tax credit for small businesses offering insurance for families with small children or for low-income employees. She stated utilizing Medicaid is being studied by the council as well as how to utilize New Mexico's buying power. Education and outreach continue to be key components. Examples of a series of television and radio ads being launched were heard and the new outreach and marketing Insure New Mexico! brochure was shared. The council has looked at a variety of revenue possibilities, as well as market-based universal coverage; mandates or encouragement to provide wellness benefits; and "Walmart Mandates" for large employers. She stood for questions from the committee.

Issues raised by the committee included what is the overall impact of health savings accounts (HSA) and what impact will they have on the ability of the insurance pool to pay claims; what specific things are being done to increase enrollment; concern that the metro area should be broken down into more specific data areas to address the need in areas such as the south valley in Albuquerque; the breakdown on rural versus urban in terms of the uninsured; and the rising cost of family health care. It was noted there is a web site to refer individuals to enroll in the Health Insurance Alliance. It was requested to have a presentation on the high risk pool at a later committee meeting.

Public comment was made by Dick Mason from the League of Women Voters, which supports the move to enact universal health care in New Mexico. He stated the League of Women Voters supports the Health Security Act because it is a commonsense approach to system reform that will be gradually phased in over three years. He noted New Mexico ranks second in the nation for the rate of uninsured.

Maggie Austin spoke to the underfunding of the Family, Infant, Toddler program and

said that due to a lack of rate increase this year, the program has had to freeze salaries, resulting in an impact on the quality of services and a loss of staff.

Niki Baptiste, Sandoval County community health administrator, addressed the Sandoval County family support program (FSP), which is a public/private interagency partnership of the Sandoval County Community Health Alliance. She stated it is a new model of preventive care with a bilingual/multicultural staff to provide interdisciplinary, holistic services. She noted the program has been funded by HRSA as a demonstration site for integrated women's health services. Ongoing initiatives include grant applications to support activities; negotiations with UNM to provide prenatal care; identification of dental providers; development of an electronic, web-based, fully integrated data system; establishing the FSP as a "virtual medical home" in partnership with primary care providers and other health and social services; partnership with UNM's Health Evaluation and Research Office; access to funding through the new federal Patient Navigation Act; and integration of the FSP with Sandoval County's broadband telemedicine initiative. Dr. Naomi Kistin encouraged all to support the program and spoke to the benefits. The committee commended all who contributed to this cause in making this program a reality. Ms. Baptiste addressed some of the gaps the program is attempting to fill, including providing services to undocumented mothers, billing issues and funding resources available.

Celia Ameline, database consultant, Gen5 Development, LLC, presented on New Mexico Health Choices (NMHC), the market-based universal coverage proposal. She stated around 22 percent of New Mexicans under 65 have no health insurance and 25 percent rely on Medicaid. Medical insurance premiums have gone up 75 percent since 2000. Forty to 50 percent of NM employers do not offer medical benefits. She stated the state cannot afford to wait until providers or state budgets go broke: it is time to rethink health care financing and act quickly while making it strong and flexible enough for long-term success. The goals of NMHC are health insurance for all New Mexicans, all the time; fair financing; and phasing out employer-based insurance. Other proposals include improving consumer choice and cost awareness; limiting the role of government; bringing public spending under control; reducing premiums and administrative costs; helping businesses and the economy; and improving health care quality and safety. She noted NMHC is carefully balanced so that most individuals, businesses, state and local governments, providers and insurers can benefit; so, it is very likely to succeed.

Ms. Ameline reviewed how the system would work; the benefit allocation; the enrollment process; the insurance offering requirements; the funding, including before and after health care funding in New Mexico and existing funding sources; the business health care contribution, the individual health care contribution and possible revenue complements; anticipated savings; information technology opportunities; economic development benefits; and what is next. The next steps may include creating and funding a nonprofit organization, validating economic models, updating cost estimates, setting up advisory groups for stakeholders, involving governments, legislators, employers, etc., and preparing for a public education campaign. Ms. Ameline stood for questions from the committee.

Issues raised included who would administer the system and who would decide the

benefit line. Ms. Ameline stated those issues should be determined by the advisory stakeholder groups. The pooling of risk would be less, allowing the insurers to do community ratings and again the stakeholders would be involved.

Mary-Dale Bolson, secretary of children, youth and families, gave an update on early childhood issues, including methamphetamine and families; child care services and budget; infant mental health system; early childhood teacher compensation; and T.E.A.C.H. New Mexico. Secretary Bolson reviewed the following child care issues:

- fiscal year client impact, including the percent of subsidized slots utilizing non-traditional child care;
- quality improvements from recent licensing and assistance regulation changes;
- the children served in AIM HIGH child care centers;
- the percent of movement through levels 0-5 of AIM HIGH;
- the percentage of children receiving state subsidy in AIM HIGH levels 2, 3, 4, 5 and national accreditation;
- the percent of registered family providers in child and adult care food programs;
- quality improvement "next steps"; and
- the fiscal year budget redirection.

Secretary Bolson gave an update on the infant mental health system. The early childhood teacher compensation and T.E.A.C.H. New Mexico were reviewed and addressed these areas:

- early childhood teacher compensation;
- T.E.A.C.H. scholarships;
- T.E.A.C.H. early childhood scholarships;
- what the guiding principles of T.E.A.C.H. are;
- the T.E.A.C.H. early childhood project;
- what the T.E.A.C.H. scholarships provide; and
- who are the individuals taking advantage of the scholarships.

She shared information on the home visiting program for the newborn welcome baby pilot program and what it provides. She noted there is an opportunity to partner with the Department of Health and noted the goal is to have universal access. The program is targeted in Dona Ana and Santa Fe counties based on certain statistics. September 15 is the target date to start. Secretary Bolson addressed foster care; the number of older children who are available for adoption; and adoption resource teams, including the review standards. It was requested that the names and addresses for the foster care parents be shared with the legislators in their districts if the foster care families give permission to release their information.

Issues raised by the committee included the following:

- the number of children lost due to budget redirection and the potential for a waiting list;
- the reduction in funding for training and licensure issues;
- out-of-county adoptions;
- the number of children awaiting adoption;



- children in custody who are eligible for Medicaid;
- the number of Native American children in custody; and
- issues of grandparents raising grandchildren.

Representative Trujillo suggested the committee consider supporting legislation to grant college scholarships to children in the custody of the Children, Youth and Families Department (CYFD). Representative Gardner asked about the impact of the new booster seat law on the ability of the CYFD to remove children from dangerous situations, such as meth labs. It was acknowledged that additional vehicles, particularly all-terrain vehicles, with age-appropriate restraints are needed.

Pat Terrell, National Association of Social Workers, testified that in 2004, when the legislature awarded gross receipts tax exemptions on commercial insurance claims for many professionals, social workers and counselors were left out. His association is seeking amendatory language to correct that omission. He noted that a governor's task force studying the issue will recommend this conclusion in its final report.

Sherry Courtney, New Mexico Counseling Association, gave her perspective on the combined effect of managed care cuts and the continuing gross receipts tax burden. She noted that insurance contracts prohibit passing this tax along to patients, so the entire cost must be absorbed by the counselors and social workers.

Mark Ganas, a clinical nurse specialist who provides similar services, testified that he is able to bill for gross receipts taxes, and that he finds this to be unfair.

Representative Picraux recommended a presentation to the interim tax committee as well as the Legislative Finance Committee (LFC). Senator Feldman asked for a statement of financial impact of implementing this change. Senator Tsosie said he would like to see if the gross receipts tax relief provided to other providers has had the intended effect of retention of providers in New Mexico.

Public comment was provided by Dan Ritchey, director of T.E.A.C.H. Early Childhood, thanking the committee for its support for appropriate compensation for early childhood providers and Representative Beam for introducing a bill to fund T.E.A.C.H. scholarships. Baji Rankin, director of the Association of Early Childhood Teachers, testified to the need for a coordinated system of early care and learning. Ann Peterson, a licensed mental health counselor, clarified that providers are required to pay gross receipts taxes, but cannot include the tax in patient billing. Ginny Lovato, a T.E.A.C.H. scholar, thanked the committee for her scholarship, stating it has allowed her to grow in her profession.

Senator Komadina stated that the issue of gross receipts tax exemptions for providers has had unintended negative consequences for physicians, some of whom are being fined for inaccurate reporting.

The meeting recessed for the day at 6:20 p.m.

### **Friday, August 26**

The chair called the meeting to order at 9:25 a.m. Senator Kernan gave an update on the base closure at Cannon. UNM was thanked for its hospitality in hosting the Legislative Health and Human Services Committee. Senator Beffort was thanked for her hospitality in hosting a reception at her home on Thursday evening.

Patricio Larragoite, executive director, New Mexico Health Policy Commission (HPC), introduced his staff and gave an update of the HPC's current duties, projects and reorganization. He noted the three basic categories of health policy include access, quality and cost. Mr. Larragoite reviewed the names of the commissioners serving on HPC and the partnerships with other organizations and agencies. The strategic IT plan customer assessment findings and recommendations were discussed and included the following issues:

- the purpose and objectives;
- survey questions such as:
  - what HPC services and functions are considered the most important by commissioners, legislators, HIDD users and sister agencies; and
  - what information would legislators like to have access to but do not have today;
- key internal improvement goals;
- the planning process; and
- HPC resolutions.

The legislative memorials from 2005 were reviewed along with the HPC format for memorial management.

Concern was raised by committee members that the HPC is not as independent as needed and is unable to provide prompt resources on some issues at the times required. Senator Feldman asked for a policy recommendation on a pilot project for state employees on the state health plan. Concern was raised that there is not a standing committee on health and human services, which allows for fragmentation, and it was suggested to expand it into the house and address it as a number one priority. Discussion occurred as to the legislative interim session system design, which mandates the change of leadership of each interim committee after each session and it was noted that institutional memory and effort could be better served with a more consistent system. A suggestion was made to explore setting up an award for innovation, such as in the field of health, where a pilot project could lead to universal health care. Senator Tsosie suggested involving individuals from IHS in appropriate memorials.

Mr. Larragoite reviewed the community-based strategies for improving children's oral health. He noted the goals are to increase awareness of the dental disease epidemic impacting low-income rural New Mexico children and to review guidelines for developing community-based oral health improvement activities. Mr. Larragoite reviewed the oral health needs

assessment; shared risk factor identification; determinants of health; the disease process; intervention, including what does not work; intervention "deficiencies", including what does work; the ECC prevention conceptual model; transportation, cultural and language barrier issues; the primary care role model; and the key role of CHCs.

Issues raised by the committee included information on the dental club and its impact on state universities and communities throughout the state. Discussion occurred as to the possible need to allow dentists who have graduated from foreign institutions to practice in New Mexico rather than limit the practice of dentistry to only those who have graduated from nationally accredited institutions. Senator Tsosie addressed concerns that low-income children are not getting the dental care required and asked that this issue be addressed. He stated he would sponsor a bill, perhaps a capital outlay bill, for mobile units to address dental care for children in the rural areas.

Kevin McMullan, deputy director, HPC, presented a comparison between New Mexico and Minnesota on monitoring of health expenditures and premiums. He noted that Scott Leitz presented before the Legislative Health and Human Services Committee earlier in the interim session regarding Minnesota's statutorial requirements for reporting of health care expenditures and premiums. Concern was raised regarding the appropriate use of the County Indigent Fund and the impact of boutique hospitals on community hospitals.

Rebecca Dow, Appletree Child Development Center, spoke about the children being cared for at Appletree. She shared the funding aspects of the center and stated the complexity of children's needs continues to increase. She noted that only when New Mexico focuses on fully funding child care assistance will New Mexico see results. Two individuals spoke as to their own personal experience with the need for child care assistance and how current eligibility qualifications have affected their choices in jobs and lifestyle. Advocates and audience members testified and asked the committee to support increasing eligibility to 200 percent of the federal poverty level with a transitional period. Concerns were also addressed about cuts in technical training; concentration of T-Tap into an 800-number phone service rather than a community-based service; and the failure to recognize the importance of development of a child's brain during the first three years of life. It was noted that emphasis should be placed on putting more money into quality service and into salaries for early education teachers; and into expanding the eligibility to at least 200 percent of the federal poverty level. Concern was addressed from audience members that graduate students are not qualified for receiving low-income child care assistance from the state. Kyle Smith addressed the economic and business ramifications of working with families who become disqualified from low-income child care assistance.

Committee discussion occurred as to the effect of the money redirected during this past legislative session and its effect on low-income child care assistance. A suggestion was made to hold a meeting with CYFD and appropriate parties to clarify the effect of funding and possible remedies. Senator Beffort asked the committee to indicate in writing the disconnect brought to its attention. Senator Beffort made a motion to send a letter to Secretary Bolson, and Representative Begaye seconded the motion. Senator Feldman asked for clarification of where

the disconnect was, was it in the money that was funded for training for teachers; and what was the technical training for, was it simply for grant-writing training? Three issues need to be addressed: how pre-K money is being used; cuts in training; and bringing eligibility up to 200 percent of the federal poverty level. It was noted that the goal is to provide higher quality child care and raise professionalism, which includes salary and benefits. It was clarified by Ms. Wells that all of the issues should be included in the letter to be brought for discussion, including the issue of graduate students not being qualified for the low-income child care assistance. A motion was voted on and passed unanimously. The letter will include copy to the governor and to the lieutenant governor. Committee members agreed a meeting should occur with Secretary Bolson or her designee before this issue is readdressed at an upcoming committee meeting.

Elizabeth Gaines, program manager, Forum for Youth Investment from Washington, D.C., stated that expecting states to compete in a global economy requires doing a better job of preparing youth. She reviewed what it means to be ready as a young adult and what it means to not be ready. She spoke about physical development, intellectual development, psychological and emotional development and social development. She spoke to moving from commonsense to policy; broadening goals beyond prevention; while addressing youth problems is critical, being problem free is still not being fully prepared; which programs work; state governments fund many programs on issues such as delinquency and violence; pregnancy and HIV/AIDS; dropouts and illiteracy; substance abuse; suicide and depression; and unemployment. Ms. Gaines reviewed some of the bills before the New Mexico state legislature but noted there can be a problem in organizing all the issues serving youth at the federal, state and local levels. She noted states have been the leaders in coordinating youth issues and working with all the agencies to better address problems. Sixteen states, including New Mexico, have children's cabinets. Some tools to improve program quality include improving systems and services; engaging youth and families; increasing demand for more and better supports; and aligning policies and resources. She noted New Mexico is poised to lead other states with many of the pieces already in place, such as the Children's Cabinet, legislative commitment, the New Mexico Forum for Youth in Community and the Youth Alliance. The National Conference of State Legislatures and the forum will provide coherent policy solutions; technical assistance to each state; networking opportunities; policy institutes; audio-conference calls; and research and publications.

Representative Begaye noted that at times Native American youth are left out of programs nationally and asked about the status of Native Americans in programs throughout the communities and how to strengthen youth involvement. Ms. Gaines agreed with Representative Begaye and stated that it is critical to engage youth from the beginning. She noted some states are pooling funding that combine some of the programs to avoid the silos. She also noted the systems of care approach at the local level, whether through juvenile justice or mental health, as a community approach. Their web site includes state and local policy information and research and best practices information. Representative Garcia said he has included the individuals from the youth alliance in meetings with government officials and government forums to assist in consensus-building forums. Senator Feldman raised the concern that legislators should be involved in the Children's Cabinet. The committee members thanked Ms. Gaines for her

presentation.

Senator Komadina stated he may not be able to attend the meeting in Las Cruces in September and stated the meeting that was held in Shiprock was of great value. Senator Beffort suggested that it may be time to reevaluate how the funding requests are brought before the LFC.

The meeting was adjourned at 3:20 p.m.